STUDENT

Vehicle Registration Form
2017-2018

Please print

NAME:

Last                                                                 First                                                         TU Student ID #
________________________________________________________________________________________

Vehicle Make ____________________ Vehicle Model __________________

License Plate # ____________ State ___ Color _______ Year of Model______

Car ___ Truck ___ Van ___ Jeep ___ SUV ___ Motorcycle _____

CLASSIFICATION: FY ___ SO ___ JR ___ SR ___ GR ___ Other ____

ON CAMPUS ADDRESS:
___________________________________(___ )_____________________________
Residence Hall                     Room #                Phone Number                 Campus Box #

OFF CAMPUS ADDRESS:
______________________________________________________________________________________
Street Address
__________________________________________________________________(____)_______________
City                                                         State                                Zip Code                            Phone Number

VEHICLE OWNER NAME/ADDRESS (IF DIFFERENT FROM OPERATOR):
_______________________________________________________________ __________
Name                                                               Relationship to Student                                Phone Number

By signing below, I agree that the information provided is true and accurate. I acknowledge receipt of the Trinity University Parking and Traffic Regulations pamphlet and agree to abide by the regulations therein.

Signature______________________________________________________ Date ________________

Return completed form to: Parking Services | Northrup Hall room 108 | 210-999-7001